

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	<i>CGP</i>	<i>JC1447 1027</i>	<i>10/25 11/09/01 03/26/02</i>

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1	<i>3/6</i>
2	<i>7/23</i>
3	<i>03/04</i>
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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TEST AVAILABLE COPY